

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Rm		12-24-01
O.I.P.E. CLASSIFIER	12/11	32	12/11
FORMALITY REVIEW	M.D.	625	12-14-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 - ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	10/9/02
2	✓	✓	10/9/02
3	✓	✓	10/9/02
4	✓	✓	10/9/02
5	✓	✓	10/9/02
6	✓	✓	10/9/02
7	✓	✓	10/9/02
8	✓	✓	10/9/02
9	✓	✓	10/9/02
10	✓	✓	10/9/02
11	✓	✓	10/9/02
12	✓	✓	10/9/02
13	✓	✓	10/9/02
14	✓	✓	10/9/02
15	✓	✓	10/9/02
16	✓	✓	10/9/02
17	✓	✓	10/9/02
18	✓	✓	10/9/02
19	✓	✓	10/9/02
20	✓	✓	10/9/02
21	✓	✓	10/9/02
22	✓	✓	10/9/02
23	✓	✓	10/9/02
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25	✓	✓	10/9/02
26	✓	✓	10/9/02
27	✓	✓	10/9/02
28	✓	✓	10/9/02
29	✓	✓	10/9/02
30	✓	✓	10/9/02
31	✓	✓	10/9/02
32	✓	✓	10/9/02
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42	✓	✓	10/9/02
43	✓	✓	10/9/02
44	✓	✓	10/9/02
45	✓	✓	10/9/02
46	✓	✓	10/9/02
47	✓	✓	10/9/02
48	✓	✓	10/9/02
49	✓	✓	10/9/02
50	✓	✓	10/9/02

Claim	Final	Original	Date
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Claim	Final	Original	Date
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1ST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)

531  
12/14/01